

State Review By _____

ROUTE: _____ PROJECT: _____
 COUNTY: _____
 PARCEL NO.: _____
 OWNER: _____

AREA LANDLOCKED: _____ ac
 FROM STA. _____ TO STA. _____,
 _____ ft LT. _____ ft RT.
 ACCESS ROAD NO. _____

A. WITH ACCESS PROVIDED

VALUE OF RESIDUE AFTER TAKE:

LAND \$ _____
 IMPROVEMENTS \$ _____
 "A" TOTAL VALUE \$ _____

B. LANDLOCKED

VALUE OF RESIDUE AFTER TAKE:

LAND \$ _____
 IMPROVEMENTS \$ _____
 "B" TOTAL VALUE \$ _____

C. R/W COST OF LOCAL SERVICE ROAD

AREA REQUIRED FOR LOCAL SERVICE ROAD

_____ ac @ \$ _____ / ac = \$ _____

IMPROVEMENTS VALUE \$ _____

DAMAGES DUE TO LOC. SVC. ROAD \$ _____

"C" TOTAL COST OF R/W \$ _____

D. SPECIFICATIONS AND COSTS

OF LOCAL SERVICE ROAD

LENGTH: _____ ft WIDTH: _____ ft

TYPE OF SURFACE: _____

COST PER RUNNING METER: \$ _____

OTHER COSTS: \$ _____

"D" TOTAL CONSTRUCTION COST: \$ _____

ADDITIONAL COST LANDLOCKED RESIDUE "A" MINUS "B" \$ _____
 LESS TOTAL COST LOCAL SERVICE ROAD "C" PLUS "D" \$ _____
 DIFFERENCE, plus or minus \$ _____

OTHER REASONS WHY LOCAL SERVICE ROAD SHOULD BE PROVIDED:

PROVIDE LOC. SVC. RD.: YES NO SIGNED _____

LAND VALUE BY: _____ TITLE: _____ DATE: _____

Company Name if other than INDOT personnel: _____

ROAD COST BY : _____ TITLE: _____ DATE: _____

Company Name if other than INDOT personnel: _____

Note: Worksheets should be placed in Right-of-Way File.

**COMPARATIVE COST STUDY FOR LOCAL SERVICE ROAD
 (Form R/W-16)**